

XXXI Congreso de la Silán 23rd to the 27th September 2019

Please return this registration form before the 31st January/2019 to marta.pinto@hotelinfantesagres.pt

Personal Information	
□ Mr □ N	1rs
First name :	Last name :
Second Guest Name (if app	licable):
Arrival Date:	Departure Date:
Contact number:	E-mail:
Special requests:	
Passport/Identification deta	ils
Number:	Date of Birth:
Issue date:	Expiry date:
Reservation	
Special Room Rates	
	€ 239,00 per room/night w/ breakfast included oom: € 252,00 per room/night w/ breakfast included
Please inform estimated	time of Arrival:
Cancellations between 1st Cancellations between 0st Cancellations after 16th 1st No-Shows will be fully	nalty: until 31st January 2019 st February to 1st April 2019: Payment of first night 1st June to 15th July 2019: Payment of 50% of the stay July 2019: Full Payment
Payment Policy	
the Hotel reserves the rig payment must be made	h guest is used as a guarantee for each reservation, but please note ght to charge the first night until 30 days before arrival. Remaining directly upon check-out. If by any reason, payment is not done at Sagres will charge the remaining amount on the credit card given.
Reservation Guarantee	
All reservations have to b	be guaranteed with a valid credit card number and expiry date.
Credit Card Holder:	
	Expiry Date:
Date:	Signature: